STATEME	NT OF DEFICIENCIES	E & MEDICAID SERVICES			r-UK	D: 03/24/2 MAPPRO
	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
NAME O	F PROVIDER OR SUPPLIER	445237	6. WING_			
				STEET ADDRESS	02	/23/2016
CHURC	H HILL CARE & REHA	B CTR	- 1	STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD	<u></u>	- TO/E0 18
				CHURCH HILL, TN 37642		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	JD			
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES OF THE)N DBE PRIATE	(X6) COMPLETIO DATE
F 000	INITIAL COMMENT	s	F 000			<u> </u>
			F 000	I INTS Plan of Correction (POC) has been	i	
	A recertification sun	yey and investigation of		Developed in compliance with coate and	Í	I I
				Federal Regulation. This plan affirms that Church Hill Health and	ſ	
	Care and Rehab Car	ary 23, 2016, at Church Hill		Rehabilitation's intent and allocation of	i	
- 1				/ Compilation With things repulsions This	- 1	
1	TO A PARTY OF THE STATE OF THE	K MOM 400 D		POC does not constitute an admission or concession of elther accuracy or factual	[
[for Long Term Care F	acilities.	j	anegation made in, or existence of	- [
J				scope of significance, of any cited deficiency.	- 1	
}	318.	clarify resident number in F	1	оелсіенсу.		
	AMENDED 3/24/16.]	F157		
157 4	183.10(b)(11) NOTIEV	OF CHANGES	_]	5 11 dec	- 1	
,		DOM, ETC)	F 157	A. With respect to the Specific Residents Cited:	3	3/19/16
	racility must immedia	ately inform the resident;	ŀ	Resident's physician and family were	1	i
			-	notified of an allegation of abuse for	1	- 1
		ent's legal representative member when there is an	- 1	resident #107, #146, and #92 by the	ļ	ì
]	DUN/ADON/ designee. Residents were	- 1	- [
				assessed by the nurse at the time of the	ł	Í
in	tervention; a significat	nt change in the resident's	- 1	alleged abuse and no issues were identified.	1	- 1
Pf de	iyəldəli, mental, or pay	chosocial status (i.e., a	1	ocounes,		- 1
sta	Blus in either life three	mental, or psychosocial	1	8. With Respect to How the Facility will	ļ	i
cli	nical complications)	Read to attended	Í	Identify Residents with the Potential	ł	- 1
			1	for the Identified Concern and Take	- 1	ļ
0,7	אמתהפון זט זוזיטי צייייטי	DE MILE TO Selvens		Corrective Action:	ſ	1
1 22	DOCUMENTERS. OF IN TAKE	D'MAAAA	1	Residents have the	ł	i
			}	Residents have the potential to be affected by the deficient practice	ì	- 1
1 1	resident from the fac 33.12(a)	ility as specified in	1	allegation of failure to follow facility	j	1
3	· · · · · · · · · · · · · · · · · · ·	<u> </u>		standards regarding resident rights and	j	Į
The	facility must also pro	mptly notify the resident	1	allegations of abuse and neglect. An	- 1	- 1
			1	audit of residents' concerns reparding	1	}
, -, .,	werested (Silling Wew	DOF 11/8 Am Alassa 1.]	resident rights and abuse/neglect was		- 1
1	. ac witcom or rooms	nate assignment as]	done by Administrator and Regional Director Clinical Operations (RDCO) on		- 1
XY ME	CTORSOR PROVIDER/SUF	PLIER REPRESENTATIVE'S SIGNATUR	E	, TITLE		
	M) Vars		1 10	municipality By be excused from correcting providing it is de- ing homes, the findings stated above are discus-	(X6) DAT	<u></u>

deliciency statement ending with an asterisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that as safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 90 days a following the date these documents are made available to the facility. If deliciencies are cited, an approved plan of correction is requisite to continued

Ø003/030

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		<u> </u>	PRINTED FORM	APPRO 0.0938-0
	O CORRECTION	DENTIFICATION NUMBER:	A. BUILDIN		(X3) DAT	TE SURVEY
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING		0011722160	
				STREET APPROPRIE	02/	23/2016
CHURC	H HILL CARE & REHA	B CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 761 WEST MAIN BLVD		
(X4) ID PREFIX	SUMMARY STA	YEMENT OF DEFICIENCIES		CHURCH HILL, TN 37642		
TAG		MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD GROSS-REFERENCED TO THE APPROP DEFICIENCY)		(X5) COMPLETION
F 157	Continued From pag	ne 1		2/22/16, any issue was properly		
	Specified in Edga 45	ger (F 157	documented and addressed per facility	j	
	resident rights under	(e)(2); or a change in		standards through the Grievance	1	
j	regulations as ence	Federal or State law or		process and/or investigative process	1	
ĺ	this section.	rederal of State law or fied in paragraph (b)(1) of		when allegation presented.	1	
	The facility must reco	ord and periodically update		Facility staff was re-educated on facility		
		20 DUM HARAE N		Standards regarding resident rights and	- 1	
j	legal representative of	r interested family member.		allegations of abuse, timely notification	- 1	
- 1		months,		of physician and family, and resident	!	
].	The same and the	1		rights by the Nurse Educator and DOM	[
ſ.	I TIS KEQUIREMENT	is not met as evidenced		on 2/20/16 through 2/22/16, including	i	
, ,	~ 5 .		J	the ADON, SW, Unit Manager #2 CNAs	[
1.	pased on facility police	cy review, medical record		including CNA #3 and LPNs, including	- 1	
			ſ	LPN #1. Licensed staff will be re-		
1 *	******		j	educated by the Nurse		
			ſ	Educator/designee regarding the	- [
		e (#107, #146 and #92) of 7 abuse of 35 sampled		appropriate steps to be followed for	ł	
re	esidenis.	abuse of 35 sampled	[reporting allegations of abuse, including	ĺ	
i		}	j	notification of physician, family per	İ	
\ T	he findings included:	-	ł	facility policy by 03/16/16.	- 1	
,	mediane at the		ſ	C. With Respect to What Systemic	- 1	- 1
12	eview of the facility po	olicy Abuse Prevention	{	Measures have been but in place to		l
".	The administrative o	of 9/2015, revealed		address the Stated Concern.		- 1
1 42	owinee realmensioner.	TOP 100 to a 47 a 4 a	-	Residents' rights and allegations of	Ì	1
1 -	ALC JOHN JOHN JUNE ALL	I IND Disportant of Niver 1	1	abuse/neglect will be addressed		į
, -,	PRIVITE A NEGERSKALV S	AND SIES BOILDANG	-	according to facility standards, including		}
1-1-	h. Abunce achai Mifetil	head/family/responsible		documentation of the concern and	}	- 1
pa	rly"	,	1	appropriate follow up and resolution		
	Allant vacas	1	1	By 03/16/16, facility staff was re-	1	J
11/16	ruical record review n	evealed Resident #107	1	educated by the Nurse Educator (NF)	[·	- 1
wa	is aumilled to the faci	lity on 4/1/14 with a	1	and/or designee on resident rights and	- 1	1
105	10/115610N 0816 01 1/2	9/16 with discourse		abuse/neglect. Education included how		1
1 TEHC	iuuliig Diabetes, Anei	Mis Heart Callura]	to report concerns; a review of policy to		1
De.	rend Costructive Pull	monary Disease, Major	-	address, investigate and resolve the	- 1	- }
100	prossion, manic disor	THE Processor of Carallage	l	concerns, and what to do if a concern is	- 1	-
(104	cemaker, Atrial Fibrilla	ation and Respiratory	1	not addressed in a timely manner after	- 1	- 1
1 . 4	that had	ľ	1	it is reported. Newly hired staff receives	- 1	ı

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES					2 004/0
	CON MEDICARI	& MEDICAID SERVICES				PRINTE	D: 03/24/2
ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SHODI (EDV)	(90) 1 - 11			OMB N	MAPPRO O. 0938-0
	- word/EC110M	IDENTIFICATION NUMBER:	(A2) MUI	TIPLE CONS	TRUCTION	(Y4) D	ATE SURVEY
		ł	A. SOULD	ING		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OMPLETED
14145 00		445237	B. WING			- 1	
NAME OF	PROVIDER OR SUPPLIER		1 21 17 1140			1 0	21221224
CHURC	H HILL CARE & REHA	D OTO	ł	STREET A	DDRESS, CITY, STATE, ZIP CODE		<u>2/23/2016</u>
		BUR	- 1	701 WEST	T MAIN BLVD		
(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIES		_CHURCH	I HILL, TN 37642		
PREFIX			_ID_		PROVIDER'S PLAN OF CORDER		
TAG	REGULATORY OR LS	IC IDENTIFYING INFORMATION)	PREFIX TAG				COMPLETIC
			ING	CRO	'-' -' -' -' -' -' -' -' -' -' -' -'	PRIATE	COMPLETIC
=	· -		 		DEFICIENCY)		
F 157	Continued From pag	je 2	_				+
}	_		F 18	5 7 ∫ edi	ucation on resident rights and		1
- 1	Review of a witness	statement dated 2/1/16 at	i] abu	use/neglect during the orientation		ł
ļ			ļ	pro	cess and at least annually. The		1
				DOI	N/designee will conduct daily audits		i
				DA L	reviewing the 24 hour report and an	v	
				[Grie	evance/Concern in to the Moming	,	1 .
				j Mee	eting using the audit tool, "OAPI		1
	LT TO DIGO NUMBER ARE	CICIOMPAL/FYRIAL		Dain	y Focused Rounds Form" to		ĺ
				doci	ument any Issues and then initiate	ļ	
				actio	ons required to ensure the deficient	,	
) prac	tice does not reoccur. Audits will ha	J	
				cond	fucted daily for four weeks, then	- 1	ſ
				three	e times a week for four weeks, then	1	
	B B B WI III	e I was using the potI		week	kly for four weeks, then randomly	- 1	
и	vas angry"	a . was asing the bot."!		there	eafter.	- 1	
N	Aedical record review	of a Physician Notification		i D. W	Vith Respect to How the Plan of	ł	
	rogress Note dated 2 evealed the facility not			Corre	ective Measures will be monitored:		
la l	hysician about the roc	lined the resident's		: Reside	ent grievances, concerns or any	1	
1(2	1 days later) " Detail	sident's missing property		allega	etions of abuse/neglect are	- 1	
			1	imme	diately reported to a supervisor	1	
	omeone has taken' so		- 1	and de	ocumented by staff receiving the	1	
				allees!	tion and then those allegations	j	j
OE	curred 2-3 weeks ago	ed] the alleged incident	. 1	are me	onitored and discussed Monday	j]
- 1		j	- !	throsia	sh Friday in the morning meeting	1	ĺ
Me	edical record review ~	f a Social Services Note	- 1	ent vd	facility Administrator (ADM)	ĺ	- 1
	~~~ ~~co lo allo limar	1 M'2111 CR4 =1   1 /4		Social !	Services Director and DON, The		j
				Weeke	and Manager on Duty and/or	1	ļ
1105	AAMEDANK MIN UUUWEL	Af mineian and	- 1	Charge	Nurse will immediately report	ĺ	- 1
alle	gation of staff memb	ers taking pictures of her	1	alle vag	egation of abuse reported on the	İ	i
(22	days later) " Data :	Chang pictures of her	]	weeke	nd to the post/a	1	- 1
İRe	Sident #107's husha-	id) regarding resident's	-	' Admini	nd to the DON/designee and	- 1	- 1
ren	orts of mission items	ruj regarding resident's	- 1	Sug you	istrator for timely investigation	- 1	- 1
bv.	staff Action: Informed	and pictures being taken	- 1	imme-	porting to occur. Concerns are	j	1
bei	ng replaced and man-	right that items were	J	Admi-	lately reviewed by the	ļ	- 1
to fo	Ollow up on center of	agement was continuing picture. He gave verbal		Auton)	strator for appropriate corrective	- 1	}
und	erstanding and Alasi	express any concerns at	j	actions.	. The DON/designee reviews the	-	]
this	time"	Express any concerns at				I	1

TATEME	VT OF DEFICIENCIES	& MEDICAID SERVICES  (X1) PROVIDER SUPPLIER CLIA			FOR	D: 03/24/2 MAPPROV
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DA	O. 0938-0: TE SURVEY
NAME OF	PROVIDER OR SUPPLIER	445237	a. WING_			
			<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	02	/23/2016
CHURC	H HILL CARE & REHA	BCTR	- 1	701 WEST MAIN BLVD		
(N/4) ID	SIDDASTA			CHURCH HILL, TN 37642		
PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF COORTE	<del></del>	
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)		COMPLETE DATE
F 157	Continued From pag	ю 3		Concern to deta-	<del></del>	<del> </del> -
			F 15	properly documented and investigated		!
	Medical record review	w of a Physician Notification		and if it needs to be reported per state		ł
ĺ			[	and facility standards. The ADM/DOM	ļ	
[	TO THE PARTIES OF	ISTITION MONINGS MAN	[	is responsible for reporting any incident		}
,	Priyolulan radamina t	to recidente allacata		mat his the state protocol for reporting	Í	
[	TOTAL LEAST CONTRACTOR	" POSICIONE Allegand 41.	•	to the state agency. The ADM/DON also	}	
	her room"	es' of her while she was in		report the results of the	}	
ļ	ner room"	· · · · · · · · · · · · · · · · · · ·		incidents/investigations review to the		
- 1	intervious with the co-			Quality Assurance Performance	1	
- 1:	2/23/16 of 0:39 AAA 1-	cial Service Director on		Improvement (QAPI) Committee made	- 1	
- 16	confirmed the Social !	the Social Service office,		up of the Medical Director, rehab	ĺ	
11	oformed by the Admir	Distrator on 2/23/16 to call		manager, social services director,	i	
8	and notify Resident #1	07's family of the allegation		dietary/registered dietician, activities	- 1	
10	of abuse.	or a lariny or the allegation		director, DON, ADON, unit managers		
- 1.		ſ		from nursing, resident financial	[	
11	nterview with the Adm	inistrator on 2/23/16 at		coordinator, restorative nurse, medical records director, or designated	j	
	AMA WAY III RIG WULLI	Nietrator 660 o .		subcommittee. QAPI meetings occur	ĺ	
			[	monthly. The facility Administrator will	- 1	
,	CIT CANDIG OI IND SUP!	NOTION OF SELECTION OF SELECTION		chair the QAPI committee. Any	1	
			1	aberrancy reported has interventions		
1	nely matter.	family and physician in a	1	developed and appropriate actions	1	
•"	many maner.			taken by the ADM/DON in conjunction	- 1	
M	edical record review.	evealed Resident #146	]	with the QAPI Committee. This includes	- 1	
1 771	us dunnings na me ter	11014 an 014/4 P 141		out is not limited to in-services for the	ĺ	
414	aki inaas indidalos Dit	ficialist in Modellation Advanced		appropriate staff, a review of facility	į	
			ĺ	stangards that relate to the aborrant	- 1	ļ
1 443	moor perigalotsi Meli	rbance, and Diabetes		practice, tracking/trending of concerns	1	- 1
Me	ellitus Type 2.	- Janetes	- 1	to identify root cause factors and	}	1
NA.	sdiant		}	implement preventive Interventions and	İ	1
IVIE	e datad 2/22/42	f a Physician Notification	1	ongoing monitoring to assure the		[
1,100	AQIQU ZIZDI IQ SUU.	TIPO DO CI 1977 A A A A Maria - a	- 1	deficient practice does not recur. The	İ	ĺ
in	he shower room one	staff was 'rough' with her		ADM/DON in conjunction with the QAP! committee also reviews facility	ſ	ſ
1 114 3	no onower room and	TDESIE DEFINATION A	j	standards that relate to the aberrant		J
we	eks ago"	curred approximately 3-4		practice and completes ongoing	j	1
	_	1	1	monitoring to assure the deficient	ĺ	ł
í m.	view of a facility inves	ľ		practice does not recur. When current	- 1	]

**2006/030** 

DEPARTMENT OF HEALT	HAND HERAN SERVICE
CENTERS FOR MEDICAR	CONTRACTOR MUNICIPAL SERVICES
	E & MEDICAID SERVICE-

AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DV	D: 03/24/2 M APPROV D. 0938-0:
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING		"	MPLETED
			<del></del>	STREET ADDRESS, CITY, STATE, ZIP CO	02	/23/2016
CHURC	H HILL CARE & REHA	B CTR	i	701 WEST MAIN BLVD	DE	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		CHURCH HILL, TN 37642		
PRÉFIX TAG			( iD	PROVIDEDIA DI LI	Formati	<del>-,</del>
	- COULTON ON ES	MIGHT BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE PROPRIATE	(X5) COMPLETIO DATE
F 157	Continued From pag	ne 4				ļ
	revealed the facility	nitiated an investigation	F 157	interventions are not producing th	e	]
ĺ				desired outcome or resolution to p	orior	
j				Issues, the ADM/DON in conjunction	מכ	
			}	with the QAPI committee develop		
- 1	ner. Dept [Departme	int Manager) on duty spoke	,	alternate interventions including employee training programs, empl	}	
			- 1	competency testing for compliance	oyee	
			f	until the desired outcome is achiev	, od	
			ĺ	that all incidents are investigated	eu, ]	
		d her arm" Continued	1	thoroughly and reported to the star	te	
	VITOLUMINI HERITARA AA	F MAAAAAA	ľ	agency per facility standards/state		
			1	requirements.	- 1	
r	ecessary or feasible.	""	ľ		{	
١,	nieniem "Jak a		- 1		!	
l ä	:42 PM in the Admin	inistrator on 2/23/16 at			1	
ti	he facility failed to not	istrator's office, confirmed			{	
			}		- 1	
da	ays later). Continued	interview confirmed the	}		ł	
					1	
tn	e allegation of abuse		1			
l Na	odical second	ľ	ļ		1	j
ad	coical record tealew t	evealed Resident #92 was			}	ľ
			- 1		Ì	- 1
wil	in Infarct, Anxiety, Se	rebral Artery Occlusion	1		1	- 1
Dis	sorder, and Dysphagi	a.	J		1	1
- 1						
ron	cord review of the fac	ility investigation incident	}		ì	- 1
					- 1	1
		22 her breakfast and (LPN) #1 was present in				- 1
			1		j	1
111/16	o vouciller was gran	がわか ちょうしし ここり コー			]	ļ
1,691	udius foom listaning	for subject CREA up			ŀ	1
[ Savi	ח.וו זאוווטוווו וסוז עו פויי	OTIDIADA Positos	1		j	ľ
1	U PN #4 and the Je	ייייייייייייייייייייייייייייייייייייייי	ľ		1	- 1
	ver 14 M.I BIND RIG OBL	gnier neard Resident	1		F	1
#92	LPN #1 and the dau tell CNA #3 "no" whe	n offered another bite of to spoon food into the	}			1

Ø007/030

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/24/2016 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING COMPLETED 445237 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 02/23/2016 CHURCH HILL CARE & REHAB CTR 701 WEST MAIN BLVD CHURCH HILL, TN 37642 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 157 Continued From page 5 resident's mouth. Continued review revealed the F 157 LPN observed the incident and did not attempt to stop the CNA, from continuing to feed Resident Interview with Registered Nurse Unit Manager #2 on 2/22/16, at 4:50 PM, in the conference room, confirmed the occurrence happened on 2/7/16, was reported to the Administrator on 2/8/16, and the resident's Physician was not notified until 2/10/16, when he was in house making rounds. 483.13(c)(1)(ii)-(iii), (c)(2) - (4) F 225 SS≃D INVESTIGATE/REPORT F 225 F225 ALLEGATIONS/INDIVIDUALS 3/19/16 A. With respect to the Specific The facility must not emptoy individuals who have Residents Cited: been found guilty of abusing, neglecting, or Resident #107's allegation of abuse was mistreating residents by a court of law; or have investigated and reported to the Dept. had a finding entered into the State nurse aide of Health, on 2/19/16 by the registry concerning abuse, neglect, mistreatment Administrator, Facility staff conducted of residents or misappropriation of their property; an investigation regarding resident and report any knowledge it has of actions by a #107's reports of missing personal items court of law against an employee, which would and findings resulted in reimbursement indicate unfitness for service as a nurse aide or of missing items and concluded the other facility staff to the State nurse aide registry investigation on 2/26/16. The allegation or licensing authorities. of abuse was unsubstantiated and final report sent to the Dept. of Health on The facility must ensure that all alleged violations 3/3/16. Resident #146's allegation of involving mistreatment, neglect, or abuse, abuse was also investigated by the including injuries of unknown source and Administrator and ADON and found misappropriation of resident property are reported unsubstantiated and reported to the immediately to the administrator of the facility and surveyor on the day of the survey to other officials in accordance with State law 2/16/16 by the Admin. through established procedures (including to the State survey and certification agency). B. With Respect to How the Facility will identify Residents with the Potential The facility must have evidence that all alleged for the Identified Concern and Take violations are thoroughly investigated, and must Corrective Action:

STATEMEN	NT OF DEFICIENCIES	E & MEDICAID SERVICES			PRINTE( FORM	APPRO
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION	OMB NO, 0938-0 (X3) DATE SURVEY COMPLETED	
	·· <del>-</del> ·	445237	1	<del></del>	1	METELED
NAME OF	PROVIDER OR SUPPLIER		B. WING		1 00	1007004
CHURC	H HILL CARE & REHA	B CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD	1 02	23/2016
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES		CHURCH HILL, TN 37642		
(X4) ID PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	N BE RIATE	(X6) COMPLETI DATE
F 225	Continued From page	TO B		Residents have the potential to be		<del></del>
	Drevent fruither note	ntial above to a	F 225	affected by the deficient practice		
	prevent further pote investigation is in pro	illust abuse while the		allegation of failure to follow facility	ľ	
ł		າຄເຂຂ.		standards regarding reporting	- 1	
- 1	The results of all inv	estigations must be reported		allegations of abuse and neglect. An	- 1	
	· · · · · · · · · · · · · · · · · · ·	IF DID GARGARALA		audit of residents' concerns regarding	ŀ	
· · · · · · · · · · · · · · · · · · ·	representative and k	) Other officials is seen at		resident rights and abuse/neglect was	1	
				done by the Administrator and RDCO on	- i	
				2/22/16, any issue was properly	- 1	
				documented and addressed per facility		
[ ]	appropriate corrective	action must be taken.		policy through proper documentation		
		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		on the Grievance Log and/or	- 1	
- 1		ł		documented investigative process when	}	
- 1-	This DECLUDENCE -		ľ	anegation presented. A review of Fact	1	
ا ا	iviis KEMOIKEMENT	is not met as evidenced	ſ	Alert Reports, Resident Concerns Forms	l l	
	7,7,		ĺ	and the Grievance Log was performed	- 1	
ir	Based on facility police	y review, facility	j	by the Administrator and RDCO on	- 1	
) ir	ilerview, the facility to	nedical record review, and alled to initiate an abuse	1	2/22/16 to check for any allegations of	ļ	
in	Vestigation for 7 Pag	ident (#107) and failed to	- 1	concerns that should have been		
			į	investigated and/or reported. No other	- }	
				Issues were identified. The DOMADON	- 1	
re	viewed for abuse of	35 sampled residents.	j	and ADM were re-educated on	- 1	
		as sampled residents.	ļ	Investigating and reporting allegations	- 1	
וד	he findings included:			or abuse/neglect by the Regional	- 1	
1		1	1	Director of Clinical Operations (RDCO)	1	
Re	eview of the facility po	olicy, Abuse Prevention	- 1	on 2/22/16. Department Managers,	Į	1
	41 MAIL A' 1 CA121011 11916	WITS souched a Au	}	including the Central Supply Director	-	j
1 041	GRAC AICHRUGUS TUAUR	/IDA mistrostmont at	-	and ADON were re-educated regarding		- 1
1	PRINCE WILLIE GIGHTI	ICRN/ (BUACK-ALA) L. J	ſ	abuse investigations and reporting	ı	i
,	ARING GIRE COUNCIL	OD Of the Administration (	Ì	allegations of abuse/neglect on the day of the survey 2/22/16 by the Nurse	- 1	- 1
[ 64(1	u iii accordance with	State and fode-at t	1	Educator. Facility staff including CNAs,		i
1	いっさいらいき にいんうといりろいりり	inin the olloped leads	Į	including CNA#6, and LPNs, including	- 1	j
1 201	ממס וזוו וו זונונס סווג ציייי	Laterities of AO DOMES	1	LPN#2 was re-educated on facility	1	ł
COL	noisied believe	ivestigation results are	- 1	policies on resident rights and	- 1	- 1
ber	Sonnei (MMEDIATE	zone and by appropriate RESPONSE: An incident		allegations of abuse, timely notification	- 1	- 1
reb	ort is to be complete	d, to include the written		of physician and family, and resident		- 1
sun	mary of the investi-	ation and facility actions	]	rights the Nurse Educator and DON on		- 1
take	en"	And I SCHOUS	J	2/20/16 through 2/22/16. Licensed	1	1
, can	P+1111	I I		staff will be re-educated by the Nurse		

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		& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	nu.		FORN NA AMO	MAPPRO
MAIN CREATE	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION '	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
NAME OF	- Contraction	445237	B. WING	_ <del>_</del>	1	
WANT OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS OF	_   02	/23/2016
CHURC	H HILL CARE & REHA	B CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD		<u></u>
(X4) ID	SUMMARY STA	EMENT OF DEFICIENCIES	<del>,</del> _	CHURCH HILL, TN 37642		
PREFIX TAG	I I I DECIDE THE STREET	MUST BE PRECEDED BY FULL C DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)		(XS) COMPLET DATE
F 225	Continued From pag	ie 7		Educator/designed vegants - 1		
			F 22	appropriate steps to be followed for	i	ı
	Medical record revie	w revealed Resident #107	}	reporting allegations of abuse, including	, a j	
i	i was aurillued to the t	さだけい ヘウ イババイ いかに ニ		notification of physician, family per	1	
ľ	Leadinipoloti dale UL	1/29/16 with diagraps		facility policy by 03/16/16. By 03/16/16	5,	
[	""WEURIN DISTRICT A	DOTTIO Heart Calling		facility staff was re-educated by the	- 1	
ſ	CHICING ODSIGNATION I	Dilmongo Diagrama de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de la		Nurse Educator (NE) and/or designee of	n	
	Pacemaker, Atrial File	sorder, Presence of Cardiac prilation and Respiratory		resident rights and abuse/neglect.	1	
ſ	Failure.	- I I I I I I I I I I I I I I I I I I I		C. With Respect to What Systemic	ł	
- 1	Davieus -6 N	1		Measures have been put in place to		
	ini losesticul ka	latement dated 2/1/16 at sident #107 had reported		address the Stated Concern.	1	
		TO THE APPINION FROM A		Allegations of abuse/neglect will be		
				addressed according to facility		
f	acility. Continued to	gation of abuse at the		standards, including investigation and		
10	acility. Continued rev Certified Nursing Assi	stants] [CNA] stayed in		proper documentation of allegations of	•	
				abuse/neglect, reporting and	ł	
1 77	,, , , , , , , , , , , , , , , , , , ,	DODE MARKET 7 7		appropriate follow up and resolution.	ł	
1		COMPRESSION OF CORRECT AND ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	[	The DON/ADON and ADM were re-	1	
				educated on investigating and reporting allegations of abuse/neglect by the	1	
1,10	is (II) Bigh while	HIDAMA Ossaidum (		Regional Director of Clinical Operations	1	
	Prototo, Willie	was using the pot	}	(RDCO) on 2/22/16. Department	- 1	
[ w	as angry"	komil	}	Managers, including the Central Supply	- 1	
		<b>†</b>	1	Director and ADON were re-educated	- 1	
170	eview of a facility inve	stigation dated 2/19/16	[	regarding abuse investigations and	1	
110	YVEBUUTIE FACILIY INITI	Printer and the force of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	1	reporting allegations of abuse/neglect	]	
1 ' '	8 days later). ଆପ୍ରମୟ ନୀତୀ ଓ ଆଡୁଡ୍ଡ	Jation of abuse on 2/19/16	1	on the day of the survey 2/22/16 by the	- 1	
1,7,	>+ 14101/	ŀ	1	Nurse Educator. Facility staff including		
Int	terview with the Admir	histrator on 2/23/16 at	1	CNAs and LPNs was re-educated on	į	i
110	OUV AIVI. IN the Admini	Strator's office continued	ļ	facility policies on resident rights and		ſ
) (1) (5)	o igvility libili miletvikti.	20 Racidant 4427 (	}	allegations of abuse, timely notification	- 1	[
We	re aware of the allega	Itians of abuse as Augus	- 1	of physician and family, and resident		- [
, 00	monada interview tevi	Saled the featible failers (	ſ	rights the Nurse Educator and DON on	ł	- 1
11111	nare an minealidation i	nto the allegation of	<i>}</i> !	2/20/16 through 2/22/16. Licensed	1	ļ
∫abı	use until 2/19/16.	garvair Wi	ļ'	staff will be re-educated by the Nurse	1	- 1
	alla ant una constant	ĺ	ļ.	Educator/designee regarding the	-	ł
Ne	gical record review re	vealed Resident #146	11	appropriate steps to be followed for reporting allegations of abuse, including	- 1	ĺ

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	OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	Taux :		FOR	D: 03/24/; MAPPRO D: 0938-0
WE FEAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION	(X3) DA	J. UBJB-U ITË SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING		1	
				STREET ADDRESS. CITY, STATE, ZIP CODE	02	/23/2016
CHURC	H HILL CARE & REHA	AB CTR	- 1	701 WEST MAIN BLVD		-
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIES	<u> </u>	CHURCH HILL, TN 37842		
PREFIX			10	PROVIDER'S PLAN OF CORRECT	701	<del>,</del>
		SC IDENTIFYING INFORMATION)	PREFD	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
F 225	Continued From pa	na 8	]	notification of physician, family per		<del> </del>
ļ	Was admitted to the	facility on 2/4/15 with	F 22	lacility policy by 03/16/16. By 03/1	6/16	1
- 1	Graynoses including	l difficultus in 14/=D.: a a .		racility staff was re-educated by the		]
ł	······································	WIRDIST STATES Dominant		Nurse Educator (NE) and/or design		
ł	MAINOR DEMINATORS I	Disturbance, and Diabetes		resident rights and abuse/neplect	VII	
ĺ	Mellitus Type 2.	Tianale, and Diabates		Education included how to report	J	
		ĺ		concerns; a review of policy to adde	ess.	
- 1	Review of facility pol	icy Abuse Prevention		investigate and resolve the concern		
	Yvanualu, 1851 revisa	40 Montombas 2008		what to do if a concern is not address	cod	
				in a timely manner after it is renorted	d.	
	PASSINGIL OF TERMINA	ADUSE is to be the		rewly nired staff receives abuse	- 1	
	~P~:000;;; COMMINIT	47) PAUIQIA) PANASAISAI N		investigations and reporting allegation	ons	
	room as the recility is	Sivera of a alternative at the		V avust/liegiert, timate postsante		
	wadio nic lenibilibu i			Provincial and family, and resident al-	hts	
	וחו עוווטוו אוטטאעטטיייי	2 SAMMeterology		Coucation during the prientation	İ	
Ĥ	ours"	not expected to take 24		process and at least annually.	- 1	
ے ا	Poteinus - E - E - m	ľ		applied the hemorrhoid cream receive	ad	
1.5	review of a facility in	estigation dated 2/1/16		a disciplinary action by the ADON an		
				10/30/15 When he returned from	1	
115	MOTOR IN ALL SHIPS IN	D OT Ships by the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th		Suspension and The DON/designer "	r	
, ,	asiasi I (anini len II	ILINIA ID AMERIKANI III		I solder usily sudite by reviews and a	!	
-	THE PERSON WEST PROPERTY.	HILLER & FOLLOW MARRIE BANK IN		I TOWN TEHOTE and any Grievance/con	n Í	
1 1-		I DD DUDY CRAKA WAL		" TO the Monthly Meeting decises.	1	
rii	de and tell her she -	stated that two staff are		using the audit tool, "OAPI Daily	ĺ	
w	on't take her to the h	an't talk to others. States athroomtook her to	ļ	Focused Rounds Form" to document	J	l
ba	throom and scraped	her arm	ĺ	any issues and then initiate actions		j
- 1		;	ŀ	required to ensure the deficient practic	e	!
. Re	eview of a Witness S	tatement Report dated	Į	does not reoccur. Audits will be	1	ſ
1 ~	" 'V BIN UITIOU 12:24	PM and cioned but the	ŀ	conducted daily for four weeks, then	- 1	ļ
/\L	vyry, revealed the la	Cility interviewed Deal		three times a week for four weeks, then weekly for four weeks, then randomly	1	- 1
127.8	TO I GMAT WITH UTILE AND	(50 2)(ものうりゅう ・ハールー・・・・・	j	thereafter.		ł
1101	new revealed (48 tel	lident renorted * The	ŀ		- 1	- 1
11116	ing the shower cut	ir and knocked the pee	- 1	D. With Respect to How the Plan of	l	- 1
out	of me"		- 1	Corrective Measures will be monitored:	}	
Inte	erview with the Admi	nistrator on 2/18/16 at	- 1	Allegations of abuse/neglect are	- [	[
	, Lini iu ius Adminis	ITAINE'S Office covers	- }	immediately reported to a supervisor	- 1	1
1.4	A.1_ 1 1 .	ed the investigation of		and documented by staff receiving the	1	

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AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIENCLIA	COLUMN	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	_OMB N	M APPROV O. 0938-0
		IDENTIFICATION NUMBER:	A. BUILDI	IPLE CONSTRUCTION	(X3) D	ATE SURVEY
NAMEO	F PROVIDER OR SUPPLIER	445237	B. WING_			
			<del></del>		0;	2/23/2016
CHURC	CH HILL CARE & REHA	AB CTR	ļ	STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD		
	,		}	CHURCH HILL, TN 37642		
(X4) ID PREFIX	I LAUGI DEPRISENT	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	IP.			
TAG	REGULATORY OR L	SC DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETIO DATE
F 225	Continued From pa	pe 9		allegation and all and		<del></del>
	Resident #146's alle	egation of abuse on 2/1/18.	F 22	are monitored and discussed Monda	S	-
				through Friday in the morning meet	ay 	1
	Interview with Licen	sed Practical Nurse (LPN) #2		by the facility Administrator (ADM)	ni B	ł
	/ 411 & 10/ IV at 2.40 F	701 91 120 13 was No (		Social Services Director and DON		1
	/ ~ (GNOT), / CVESIEN ( J	UA 226 had rassis		Concerns reported on a weekend are		j
	I ALL MACHING ON WIRE US	TIOD Of ADVICE PERSONAL L.		immediately reviewed by the ADM/r	MAN.	
	I TOURS OF THE CASE	IIINI AN INTONIANI PALA AT A		ior appropriate corrective actions in		,
İ	With her throw has	the LPN "they were rough nfo the shower chair"		DUN/designee reviews the concern to	_	
	Continued interview	revealed LPN #2 then		determine if they have been properly	•	
	raborrag me siledem	On of abuse to the manage.		documented and investigated and if i	t	
ı	on duty immediately.	or ababa to the manager		needs to be reported per state and facility standards. The ADM/DON is		
Į	-	1		responsible for reporting any incident	}	
ļ	Interview with the Ce	ntral Supply Manager		that fits the state protocol for reporting		
I .	Tratational Off PRINTS	1.2/10/16 of 0.55 pick to the		to the state agency. The ADM/DON at	lg l	
	AALMED DITTER TOTAL 'TAL	Maled (DN) #3 bod	1	report the results of the	J	
- }	the Central Supply M	te made by resident #146 to anager between 8:30 AM	- 1	Incidents/Investigations review to the		
	ana 6,000 mini ini 17.466	The Compliance of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	- 1	Cleanty Assurance Performance	- 1	
	restained the Cevillal :	SUDDIV Manageruse to 1	ł	Improvement (QAPI) Committee	1	
	uigi o ombovees war	P SIIDANN IA Neus less	}	Necessary interventions are developed	·	
	'YBBAN'M GITU KISBINA II	n the recident's	ļ	and appropriate actions taken by the	l	
1 1	MAN WYDRI ILERUBUL I	CIANI too have on all	1	ADM/DON in conjunction with the OAF Committee. When current	n [	j
1 ~	vigo Continuos im	PRIBLIFOUND AND ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	j	interventions are not producing the	- 1	i
	TANDIA MIGUIAUM MIGHT	WART IN INTARALISM - 1-1	j	desired outcome or resolution to prior		ļ
1 377	TITY GITU UTB TASIDAUL	told the Central Supply It too hard on shower chair		issues, the ADM/DON in conjunction	ſ	ļ
ä	ind made fresident) o	ee" Further interview	ì	with the QAPI committee will develop	ĺ	1
1 1 1 1	evodicu die Central S	HDDNV Manager operations	ļ	alternate interventions until compliance	, }	j
1.41	IC VACAIA SUO 1600U6	O the ellegation of above 4.		is achieved.		
}"	er at approximately 1	0:00 AM on 1/30/16.				1
្រ <u>ព</u> ែ	terview with the Adm	inistrator on 2/22/16 at			}	İ
1 1	i :vu Awi, in the confe	PACE YOURS CONFIRMED AND INC.				1
10	iciniy ralled to report t	Re allegation of physics to 1	1	•	i	j
, ui	ie orace outvey Agend	CV.	ļ		1	1
226   48 S=E   Al	83.13(c) DEVELOP/IN	MPLMENT	F 226		- 1	i
2-E   A	BUSE/NEGLECT, ET	C POLICIES )			1	į.

Ø012/030

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/24/2016 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 445237 B. WING ... NAME OF PROVIDER OR SUPPLIER

02/23/2018 STREET ADDRESS, CITY, STATE, ZIP CODE CHURCH HILL CARE & REHAB CTR 701 WEST MAIN BLVD CHURCH HILL, TN 37642 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PROVIDER'S PLAN OF CORRECTION ΙĐ TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 226 Continued From page 10 F 226 F226 The facility must develop and implement written 3/19/16 A. With respect to the Specific policies and procedures that prohibit Residents Cited: mistreatment, neglect, and abuse of residents and misappropriation of resident property. Resident #146's event was reported 1/30/16 when the alleged staff members were scheduled off. This allegation was investigated and This REQUIREMENT is not met as evidenced unsubstantiated by the Administrator and ADON. Resident #146 was assessed Based on review of facility policy, medical record review, review of facility staffing, review of facility by the nurse on 1/30/16 with no documentation, and interview, the facility failed to reported injuries noted. The event for resident #70 was reported to a surveyor suspend facility staff during a facility investigation of an allegation of abuse for 3 residents (#146, by a visitor, whom reported the event #70, #92) of 7 residents reviewed for abuse, of 35 occurred around November, 2015. sampled residents. Upon notification of the report by the surveyor, the staff member alleged to The findings included: have committed verbal abuse was suspended on 2/19/16 pending Review of facility policy Abuse Prevention outcome of the investigation. This Standard, revised September 2015, revealed, allegation was investigated during the "...tnvestigation...all alleged violations involving survey, found unsubstantiated and mistreatment, abuse or neglect will be thoroughly reported to the Dept. of Health on investigated by the facility under the direction of 2/19/16. Resident #70 was assessed by the Administrator..." Continued review revealed, the nurse and IDT during the month of "...Immediate Response...2. Any employee November with no changes noted from suspected (alleged) of abuse will be suspended baseline. Resident #70 is also seen by as the incident is reported; pending outcome of Psychiatric Consult, and has no reported the investigation..." ill effects from alleged event. For the event for resident #92, the employee Medical record review revealed Resident #146 involved was suspended on 2/8/16. was admitted to the facility on 2/4/15 with Resident #92 was assessed by the nurse diagnoses including Difficulty in Walking, Muscle on 2/7/16 with no injuries noted. This Weakness, Altered Mental Status, Dementia allegation was substantiated and the without Behavioral Disturbance, and Diabetes employee terminated upon completion Mellitus Type 2. of the investigation. The results of the investigation were reported to the Dept. Medical record review of an annual Minimum of Health initially on 2/8/16 and

Ø013/030

	NT OF DEFICIENCIES FOR CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		OMB NO. 0938-	
		!	A BUILDIN	16	(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING		- 1	
				STREET ADDRESS, CITY, STATE, ZIP CODE	02	2/23/2016
CHURC	H HILL CARE & REHA	B CTR	- 1	701 WEST MAIN BLVD		
(X4) ID	SUMMARY CTA	TENENT AL LE		CHURCH HILL, TN 37642		
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)		COMPLET DATE
F 226	Continued From page	ne 11		followed up on 2/16/16 with final		<del> </del>
	Data Set (MDS) det	ed 2/1/16 revealed the	F 226	outcome.		}
	i regident scored a 13	On the Brief Interview 4-	ł			ļ
	I Marital Office (BIMS	i) indicating the regident		B. With Respect to How the Facility	vill	]
- 1	PERMUTENTAL PROPERTY IN LEGICAL. L.	DRIINIIOA fariere sevente du l		identify Residents with the Potential		1
	rwidelik leggileg ing	t Attendive projet of but _ / // i		for the Identified Concern and Take		{
ĺ	for transfers and was assist of one staff pe	S IOISIN denondesi with the li		Corrective Action:  Residents have the potential to be		
Ì	Review of a facility to	4		affected by the deficient practice		
j	revealed the facility in	vestigation dated 2/1/16	J	allegation of fallure to follow facility		
	related to an allegative	nitiated an investigation on of abuse by resident #146		standards regarding suspending	J	
	···· Gordelit I GDDLIGO 1	O LINA (Carlifford Name)	ľ	employees involved in abuse and	ł	
- 11	ussisraiiti' ili StidM6L	100m, that other China	ŀ	negrect allegations. An audit of	,	
	WY IVOUR BELANDED FORTH	D WITH BAT DATE	ł	residents' concerns regarding resident	- 1	
- 11	(Papariment Manage	Ti On duby analis was	}	rights and abuse/neglect was done by	- 1	
	resident and resident	SISION that has state !		the Admin. and RDCO on 2/22/16, and	}	
} F	uuc and tell nersha .	can't faik to others. Co	]	no issue regarding if employee	<b>1</b>	
	wom reget that to the t	38throom took her to	j	suspensions were initiated as required		
•	pathroom and scrape	oneram,"	1	per facility standards and no other issues were identified. A review of Fast	[	
j _e	Review of the Monthly	Staff Oak and I c	- 1	Alert Reports, Resident Concerns Forms		
JĖ	ebruary 2016 reveal	ed CNAs #7 and #8 were	į.	and the Grievance Log was performed	•	
=	CHECUTED TO MOLK DE	2/7/18 from 5:00 Abt	1	by the Admin. and RDCO on 2/22/16 to	- 1	
4	JUU PIN ON ING A-WING	I hall of the facility the wife -	- 1	check for any allegations or concerns		
. [R	lesident #146 resided	i).	J	that should have been investigated		
_		·		and/or reported or if employee	Į	
K	eview of a daily staffi	ng assignment sheet for		suspensions were required. No other	- {	
4	IN IN IGABRISO CIAN I	i/ M/80 900 apped to med.	- 1	Issues were identified.		
, u	IO C-WIND OF THE BUILD	IBO Statting of 7-00 Ass	ĺ	E Merel -	- 1	
	Of to welver beaming	e daily staffing assignment		C. With Respect to What Systemic	- 1	ſ
<u>ان</u> ا	wing of the building	Was assigned to work the	- 1	Measures have been put in place to	-	1
F	wing of the building a	t " These seets	- 1	address the Stated Concern.		J
ar	e not to be changed	, "These assignments		Allegations of abuse/neglect will be	- 1	ļ
Di	rector of Nursing] for	the day "		immediately addressed by	1	}
į į			J	DON/ADON/Admin upon receipt of		[
. Re	view of CNA #7's tim	e punch detail for 2/1/16	}	allegation according to facility	- 1	1
/ rev	vealed the CNA clock	ed in for work at 6-50 AM	Ì	standards, including immediate	İ	İ
an	d worked until 6:02 P	M. Continued mode	1	suspensions as necessary, investigation	Į	í

Ø014/030

' ''^(   C Y)C	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDENSUPPLIENCLIA	(X2) MULT	TIPLE CONSTRUCTION	OMB NO	MAPPROV 0. 0938-0:
	u vin w 11 w 12	IDENTIFICATION NUMBER:	A. BUILD	NG	(X3) DA	TE SURVEY MPLETED
NAME OF		445237	B. WING_			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	02	/23/2016
CHURC	H HILL CARE & REHA	BCTR	ľ	701 WEST MAIN BLVD		
044 10				CHURCH HILL, TN 37642		
(X4) ID PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECT		<del></del>
TAG	REGULATORY OR LE	C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)		COMPLETE DATE
F 226	Continued From pag	TA 12		and proper documentation of		<del> </del> -
	revealed CNA #7	s clocked out of work from	F 22	6 allegations of abuse/neglect, reportin	2	1
	10:38 AM until 11:09	AM, and 3:30 PM until 4:00		and appropriate follow up and		ļ
i	PM.	This and 3,30 FIVE UNITE 4:08		resolution. The DON/ADON and ADN	1	
i				were re-educated on investigating and	1 .	
	Review of CNA #8's	time punch detail for 2/1/16		reporting allegations of abuse/neglect		
	Landaida CiliAY #9 CiU	CKRO ID IOZ WARK SŁ Z-OG ALL III.		by the Regional Director of Clinical		
- 1	and clocked but of w	Ofk at 3:00 PM Captings 1		Operations (RDCO) on 2/22/16.	ł	
- 1	review revealed (Ne (	ENA was clocked out at a color.		Department Managers were re-	Ì	
- {	from 10:35 AM until 1	1:04 AM.		educated regarding abuse investigation	ns	
- 1	\$=4==.1			and reporting allegations of	ľ	
- 1	Interview with License	ed Practical Nurse (LPN) #2		abuse/neglect on the day of the survey	<i>,</i> [	
- {	V/1 &/ 10/ 10 at 2:45 PR	A St the Davino aver-		2/22/16 by the Nurse Educator. Facility	y i	
- 1	aration, revealed CMb	#6 had reported to the LPN		staff, including CNAs, including CNA#3,	1	
j.	by Resident #146 CA	which was teld to CNA #6		#4, #6, #7, #8, and #10Central Supply Director, LPNs, including LPN#1 and #2	1	
- 17	CNA#6 reported to the	B LPN Resident #146 fold		and RNs was re-educated on facility	· .	
- 10	iei ma employees (C	NA #7 CNA 40\ Laa		policies on resident rights and	1	
	unew her intesident	t#1481 into chouse share will		allegations of abuse, timely notification	- 1	
יו	SOUTHINGER THER AND LE	Wealed the him named		of physician and family, and resident	Í	
, ,	-MAR MOLE DOL MOLKIU	IO that weekend /4/2046		rights the Nurse Educator and DON on	ĺ	
J G	ako iva ivio). Funner	(Dierview revealed the Levi )	l	2/20/16 through 2/22/16. Licensed	1	
	isin jahorran rob Bil60	ration of abuse to the	ŀ	staff will be re-educated by the Nurse	- 1	
) n	nanager on duty.	1	1	Educator/designee regarding the	ł	
.	otomious site o		1	appropriate steps to be followed for	[	
"	nerview with Central (	Supply Manager [Manager	ł	reporting allegations of abuse, including	. 1	
	"	2'55 PM in the section	- 1	notification of physician, family per	1	j
10	ie weekend of 1/30/44	res the manager on duty and 1/31/16. Continued	- 1	facility policy by 03/15/16. By 03/16/16,		
in	iterview revealed I PM	#2 had reported to her the	ł	facility staff was in-serviced by the	ļ	
41	negation to apuse mar	09 DV Resident #148 An	1	Nurse Educator (NE) and/or designee on	Į	
14	/30/10 between 8:30 A	M and 9:00 AM Eurobas	1	resident rights and abuse/neglect. Education included how to report	1	Ī
្រាវ	rendaew tenesies the (	Central Supply Manager 1		concerns; a review of policy to address,	1	- 1
լտ	an interviewed Kesig	ent #146 and confirmed		investigate and resolve the concerns,		
, tn	e resident reported (h	© Staff members (CNA #7	į	what to do if a concern is not addressed		
J C	NA 40) Dad placed the	e resident on the chouse	į.	in a timely manner after it is reported.	ŀ	1
Cr	izir "]residen(i toid n	ne but too bard on shower l	- 1	Newly hired staff receives this education	f	- 1
/ Cr	iair and made me pee	" Further interview with 1	1	during the orientation process and at	-	- 1
( tra	e Central Supply Man	ager Manager on Duka	- 1	least annually.	ļ	
_   60	memoo nie me Contr	al Supply Manager then			1	ſ

Ø015/030

	I) OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	[VN1100-		FOR	D: 03/24/2 MAPPRO\ O. 0938-0:
	SOUNEOTION	IDENTIFICATION NUMBER:	A BUILDIN	PLE CONSTRUCTION G	(X3) DA	ATE SURVEY
NAME OF	PROVIDER OR SUPPLIER	445297	B. WING		- 1	
				STREET ADDRESS, CITY, STATE, ZIP CODE	02	/23/2016
CHURC	H HILL CARE & REHA	B CTR	Í	701 WEST MAIN BLVD		
<del></del>	T			CHURCH HILL, TN 37642		
(X4) ID PREF!X	I CACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	JD	PROVIDER'S PLAN OF CORRECT		
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX 7AG	(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
F 226	Continued From pag	ne 13				<del> </del>
İ	contacted the Assist	on! Director of Name	F 226		1	1
1	(ADON) DD 1/30/16 :	i annonvimetalu totoo asa i		audits by reviewing the 24 hour repo	ort	1
	and reported Reside	nt #146's allegation of abuse.		and any Grievance/Concern in to the	:	ł
				Morning Meeting designee using the	,	ļ
ł	Interview with the AD	ON on 2/19/16 at 9:40 AM,		audit tool, "QAPI Daily Focused Roun Form" to document any issues and th	ids	
	in the countielelice to	)M. COnfirmed the ADON:		initiate actions required to ensure th	n <b>e</b> n	ı
,	mornica of Ris Alleasi	IOD Of Shuge Aver the	i	deficient practice does not reoccur.	e	
i i	interview ravasiasists	e of the date]. Continued	.	Audits will be conducted daily for fou	. j	
- 13	Supply Manager (upo	a ADON called the Central ure of the date; over the	ļ	weeks, then three times a week for fo	, nur	
1	veekend, and had the	e Central Supply Manager	- 1	weeks, then weekly for four weeks, the	nen	
, ,	THEOLOGICAL WILLS BEST	gnments for the two named neir regularly scheduled		randomly thereafter.		
18	Ssignments on A-M/	ng to the C and D-wings.	ĺ	D. With Respect to How the Plan of	ľ	
	AND THE BUILDING COUNT	TIMOS TRA SCIONI	ļ	Corrective Measures will be monitore	ed:	
d	atel and the Adminio	the weekend junsure of the	1	Allegations of abuse/neglect are	ļ	
1 44	PUSC BREUBLION CAP	TEIDUAN INTA-2	1	immediately reported to the supervise	or	
1	ie adonium nargijei	1		and documented by staff receiving the	,	
d	uring the course of th	e abuse investigation.	ľ	allegation and then those allegations	}	
			- !	are monitored and discussed Monday	İ	
/ In	terview with the Adm	inistrator and ADON on	f	through Friday in the morning meeting	;	
(2/	44/10 Bt 11:00 AM. ir	The conference share	ſ	by the facility Administrator (ADM)	1	
1 00	anninga neimer tae t	laminictentar as Amass	İ	Social Services Director and DON.	1	
l pr	ishaugag Me yswey	CNAc /#7 40\	1	Concerns reported on a weekend are	1	
An	egation of abuse war	s being investigated.		immediately reviewed by the ADM/DO for appropriate corrective actions. The	N (	
M	edical record review	revealed Resident #70 was		DON/designee reviews the concern to	ſ	ļ
; au	manao (n NiB'19Cilita (	DD 11/8/13 with digenoses	ļ	determine if they have been properly		Ì
1 11 10	Augury Anguna, Pres	SUIG HICEL Porkingonia		documented and investigated and if it	ļ	
) UR	sease, major Debres	Sive Disorder and	j	needs to be reported per state and	ļ	- 1
Dia	abetes Mellitus Type	2.		facility standards. The ADM/DON is	1	ĺ
	ufan af a			responsible for reporting any incident	ſ	- 1
rte	view of a facility inve	stigation dated 2/17/16		that fits the state protocol for reporting		}
160	ealed,received co	Implaint that CNA tONA	[	to the state agency. The ADM/DON also	,	j
gh:	D]had yelled @ resi	gent, telling him to		report the results of the	1	ſ
Lev	ealed the facility was	eview of the investigation aware of the name of the		incidents/investigations review to the	1	
	And Internity AASIS	have yelled at resident	l l	<ul> <li>Quality Assurance Performance</li> </ul>	J	1

₩016/030

	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	OS2) MULT	TIPLE CONSTRUCTION	OMB N	M APPRO O. 0938-
	V- <b></b>	IDENTIFICATION NUMBER:	A. BUILDI	NG	(X3) D	ATE SURVE
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING		İ	
				STREET ADDRESS, CITY, STATE, ZIP CODE	1 0:	2/23/2010
CHURC	H HILL CARE & REHA	BCTR		101 MEST WAIN BLVD		
(X4) ID PREFIX	SUMMARY STAT	EMENT OF DEFICIENCIES	T 10	CHURCH HILL, TN 37642		
TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRINCENCY)		(X5) COMPLET DATE
	revealed,employed investigation 2/19/16  Review of time punction the CNA clocked in to AM and worked untilifrom 3:40 PM to 4:10  revealed the CNA clocked in the CNA worked in the CNA worked in the CNA until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9:57 AM until 9	n detail for CNA #10 revealed work on 2/17/16 at 11:53 6:10 PM with a lunch break PM. Continued review cked into work on 2/18/16 at until 6:11 PM with a lunch until 11:20 AM and from	F 22	Improvement (QAPI) Committee Necessary interventions are developed and appropriate actions taken by the ADM/DON in conjunction with the QA Committee. When current interventions are not producing the desired outcome or resolution to prior issues, the ADM/DON in conjunction with the QAPI committee will develop alternate interventions until compliance is achieved.	PI	
ir a w w M ac in	ne facility failed to sus mmediately when becaused in the facility while as ongoing.  The facility makes as ongoing.  The facility while as ongoing.  The facility of the facility of cluding Dementia, An epressive Disorder, as	inistrator on 2/23/16 at nistrator's office, confirmed pend the named CNA ame aware of the abuse ed the CNA continued to the abuse investigation evealed Resident #92 was in 11/5/13, with diagnoses xiety, Seizures, and Dysphagia (difficulty				
Me Da ha soc coc ass	edical record review on the set dated 1/24/16, do a Brief Interview of the set of 2 indicating the pointively impaired and pointively impaired and	f the quarterly Minimum revealed Resident #92 Mental Status (BIMS)				

Ø017/030

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	OMB VI	M APPROV 0. 0938-0: VTE SURVEY
		445237	B. WING			MPLETED
NAME OF	PROVIDER OR SUPPLIEF				1 02	2/23/2016
CHURC	U UB C OARP A Res.			STREET ADDRESS, CITY, STATE, ZIP CODE		323120 I G
	H HILL CARE & REH	AB CTR	1 7	701 WEST MAIN BLVD		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	-,	CHURCH HILL, TN 37642		
PRÉFIX TAG	I ICAUA DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLEYIO DATE
in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	Review of a facility daled 2/16/16, reverseding Resident # was present in the infacility investigation daughter was standarder continued in revealed both LPN and Resident #92 tell Chanother bite of food appoon food into the investigation food into the investigation food into the investigation food into the investigation food into the investigation food into the investigation food into the investigation food into the investigation food into the interview with RN #2 ported to RN #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3 and CNA #3	investigation incident report aled on 2/7/16, CNA#3 was 32 her breakfast and LPN #1 room. Continued review of the revealed Resident #92's ing outside of the resident's lat CNA#3 was saying to her review of the investigation #1 and the daughter heard IA#3 "no" when offered but CNA#3 continued to resident's mouth. Continued I #1 observed the incident.  on 2/19/16, at 12:10 PM, se's desk, revealed when 2/7/16, she reported that were not getting along and off her unit now. Continued revealed LPN #1 had esident #92's daughter had w CNA #3 fed her mother. Firmed CNA#3 worked the that day assisting residents.  Ininistrator and the ADON on the Administrator's office, rator was unaware of the force feeding Resident #92 rk on 2/8/16. Continued in revealed PN #2 polled in revealed PN #2 polled in revealed PN #2 polled.	F 226	DEFICIENCY)	OPRIATE	DATE
CN an Co alid	ADON on 2///16 at IA #4 were arguing that RN #2 moved interview repowed to finish her at 2/7/16, and was sol	about their assignments				

TATELIE*	T 011	& MEDICAID SERVICES			VTED: 03/24/2
AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII	PLE CONSTRUCTION OME	ORM APPROVED NO. 0938-0
	I	44700~	1		COMPLETED
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING		
CHURC	H HILL CARE & REHAI	B CTR	J -	STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD	02/23/2016
(X4) ID	SUMMARY STAT	EMENT OF DEFICIENCIES	<del></del>	CHURCH HILL, TN 37642	
PREFIX TAG		MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETIO DATE
F 226	Continued From pag	- 48		ivanoi)	
	and the Human Reso #3, on 2/9/16, via conterminated her.	ources Manager called CNA nference telephone call and	F 226		
F 282	483.20(k)(3)(II) SERV	ICES BY QUALIFIED	F 000	F282	1
SS=D	PERSONS/PER CAR	RE PLAN	F 282	I	3/19/16
i E C	accordance with each care.  This REQUIREMENT by: Based on review of the Certified Nursing Assistance accord review, review of accility investigation are	is not met as evidenced se facility Job Code for stants (CNA) medical of personnel files, review of		A. With respect to the Specific Residents Cited:  Residents Cited:  Resident #88 is no longer a resident of the facility, as she expired 1/9/16. The CNA#10 reported to have resigned from his position the same day on 10/30/15, refusing to sign the disciplinary action form presented by the ADON. This event was a self-report to the Dept. of Health on 10/23/15 by the Administrator and subsequently	
1 in	Glyrac (4884) toebiaar			investigated by the Dept. of Health Without any cited deficiency. The event where Resident #92 was allegedly being improperly fed by CNA#3 was reported	
T	ne findings included:			to the Dept. of Health on 2/8/15 by the Administrator This event was investigated, substantiated, and the	
no	eview of the Job Code sistant (CNA) dated 2 t have a duty or responded	o for Certified Nursing 2/2/16, revealed CNAs did onsibility to administer		employee terminated for her actions upon completion of the investigation on 2/9/16.	
Me adr	dical record review remitted to facility on 7/2	OPP Designation		B. With Respect to How the Facility will identify itesidents with the Potential for the identified Concern and Take Corrective Action:	
Dys	teoarthrosis, Anxiety, betes Mellitus, Divert function, Difficulty we I Chronic Airway Obst	ICUIOSIS, Symbolic		Residents have the potential to be affected by the deficient practice allegation of failure to follow facility standards regarding providing services by a qualified person and/or per the	

Ø019/030

	YT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION	OMB NO	MAPPRO\ 0. 0938-0:
		IDENTIFICATION NUMBER:	A. BUILDI		(X3) DA	YE SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING_			
				STEET ADDRESS AND	02	/23/2016
HURC	H HILL CARE & REHA	B CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD		
(X4) ID	SUMMARYSTAT	EMENT OF DEFICIENCIES	<del></del>	CHURCH HILL, TN 37642		
PREFIX TAG	TEACH DEFIT (BM/)Y	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		(XS) COMPLETIO DATE
F 282	Continued From pag	ID 17		A general audit of care delivery		 
	Review of the Circle	1 <b>(</b> )	F 282	practices by aides which included	i	ı
-	Set, dated 14/18/45	cant Change Minimum Data	1	observation of incontinence care and	ļ	
- 1	~~» ualen    / 10/13.	revealed Resident #88 ssistance of 2 staff for bed	1	assisted feeding practices was done by	j	
ł	mobility, transfers, do	ession and tolled	1	DON/Nurse Educator on 10/23/16 and	ſ	
ł				2/8/16. No other issues were	J	
•	Review of the facility	Standing Orders, no date,		identified.	- 1	
- 1	A A A A COLOR TO THE PROPERTY OF THE	DIG DSIM' Boloo kanaa		C Wish Boss		
1	A sharacal healthet by 8	uppository every 6 hours		C. With Respect to What Systemic	J	
	PRN [as needed]"	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		Measures have been put in place to address the Stated Concern.	- 1	
1	D-1 4 -			sources the stated Concern.	ĺ	
יו ן	Review of a Record o	f Counseling, dated		On 10/23/15 the DON/designee re-	}	
	''''' revealed	. ICNA namoji Dwastaza ili		educated nursing staff, including CNAs	-	
, ,	aniging contains of DISC	CO (Administration 1		and LPNs regarding practicing within	- 1	
- '	medication to a reside	eng"		inelf scope of practice including	- 1	
1 5	Review of the Wiles-	n State and B	1	application of creams when ordered by	- 1	
a	and dated 10/23/15 h	eview of the, Witness Statement Report signed and dated 10/23/15, by CNA #10 confirmed he		the physician, By 03/16/16 Beensed	}	
j n	ad applied hemomhol	d cream to Resident #88.	}	staff and CNAs were re-educated by the	1	
		· · · · · · · · · · · · · · · · · · ·	j	Nurse Educator (NE) on practicing	ŀ	
7	elephone interview w	th CNA #10 on 2/22/16 at		within their scope of program to a least at	1	
	·-• · 171. 111 1716 CUIMPN	PROBRANCE ASSESSMENT I	ļ	application of creams when ordered by		
1,1	ag abbuse als lisilish	rhold cream to the		licensed staff only and providing care		
] re	sident.		Į	services per the resident's plan of care, including allowing adequate eating	ļ	
	formious sales es - 4 .	1	[	time. Newly hired staff receives		i
"	ion view with the Assis	tant Director of Nursing on	Į	education on practicing within their	[	
4-7	447 IV at 4:00 PIVI. In 1	OR CONforance veem	1	scope of practice, including application	-	- 1
l m	edications were being	ad failed to ensure the	1	of creams when ordered by the	- 1	1
au	alified person.	a equinistered by a	1	physician during the orientation process		ľ
		1	-	and at least annually.	-	!
M	adical record review re	evealed Resident #92 was	}	By 02/15/15 B	ļ	į
fau	marea to tue tacility 0	D 31/5/13 With disappear [	ĺ	By 03/16/16, Department Managers		- 1
1 11 15	www.ig Denienus. An	CICIV. Seizurae 1		(DM) were re-educated by the NE	ľ	- 1
DE	pressive Disorder, ar	nd Dysphagia (difficulty		regarding observing and reporting any concerns of aldes providing care outside	ļ	j
1 500	allowing),	• 1	ĺ	their scope of practice and/or not	ł	ł
Me	idical record toulous -	f the accordant to	1	providing care as specified in the care	ĺ	
Da	ta Set dated 1/24/18	f the quarterly Minimum revealed Resident #92		plan, including allowing adequate eating	1	1
box	a Brief Interview of I	Cooper Residen(#92		time. The DM's will observe practices	- 1	- 1

Ø020/030

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 03/24/2016 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLÆR/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 445237 B. WING NAME OF PROVIDER OR SUPPLIER 02/23/2016 STREET ADDRESS, CITY, STATE, ZIP CODE CHURCH HILL CARE & REHAB CTR 701 WEST MAIN BLVD CHURCH HILL, TN 37642 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID PREFIX TAG (75) COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 282 | Continued From page 18 during their daily rounds using the score of 2 indicating the resident was severely F 282 Survey Preparedness form and report cognitively impaired and required the total any issues during the daily standup and assistance of staff members for all activities of stand down meetings. Any negative daily living. findings will be immediately addressed by the DON/designee. Audits will be Medical record review of Resident #92's care plan conducted 5 times per week for 12 dated 11/21/13, and last reviewed on 1/29/16. weeks, then randomly thereafter. revealed "...has nutritional problem r/t Diet restrictions...The resident needs a calm, quiet D. With Respect to How the Plan of setting at meal times with adequate eating time..." Corrective Measures will be monitored: Review of a facility investigation incident report The facility Administrator (ADM) dated 2/16/16, revealed on 2/7/16, CNA #3 was reviews the results of the audits in feeding Resident #92 her breakfast and LPN #1 conjunction with the QAPI committee. was present in the room. Continued review of the Any aberrancy reported has facility investigation revealed Resident #92's interventions developed and daughter was standing outside of the resident's appropriate actions taken by the ADM room listening to what CNA #3 was saying to her in conjunction with the QAP! mother. Continued review of the investigation Committee. When current revealed both LPN #1 and the daughter heard interventions are not producing the Resident #92 tell CNA #3 "no" when offered desired outcome or resolution to prior another bite of food but CNA #3 continued to Issues, the ADM in conjunction with the spoon food into the resident's mouth. QAPI committee will develop alternate interventions until compliance is Interview with the Administrator and the ADON on achieved. 2/19/16, at 4:20 PM, in the Administrator's office, confirmed Resident #92 was not fed her breakfast on 2/7/16 with adequate eating time as her care plan stated. F 371 483.35(i) FOOD PROCURE, F 371 STORE/PREPARE/SERVE - SANITARY F371 SS=F 3/19/16 A. With respect to the Specific The facility must - . (1) Procure food from sources approved or Residents Cited: considered satisfactory by Federal, State or local The perforated-packaged, pureed authorities: and (2) Store, prepare, distribute and serve food shaped food was discarded by the Certified Dietary Manager (CDM). under sanitary conditions Pureed foods were placed in a 4-6 in deep 1 /2 pans and placed directly on ORM CMS-2667(02-99) Previous Versions Obsolels

Ø021/030

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) N IDENTIFICATION NUMBER: A. GU		(X2) MULTIPLE CONSTRUCTION A. GUILDING			FORM APPRO OMB NO, 0938-0 (X3) DATE SURVEY COMPLETED	
		445237	i	B. WING			COMPLETED	
NAME OF	PROVIDER OR SUPPLIER		B. WING			02/23/2016		
			- 1	STREET	ADDRESS, CITY, STATE, ZIP CODE		11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-MOKC	H HILL CARE & REHA	BCTR			ST MAIN BLVD			
(X4) ID	SUMMARY STA	EMENT OF DEFICIENCIES		CHUR	DH HILL, TN 37642			
PREFIX	/ LEADU DELICIENCA	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW) CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETIC DATE	
F 371	Continued From pag	e 19 _.	F 37		the steam table by the CDM. The temperatures found on the day of the survey 2/16/16, were corrected by heating the food to the proper temperature before serving by the			
	Based on review of robservation, and interprovide food at approof 20 residents being	r is not met as evidenced nanufacture's directions, rview, the facility failed to priate temperatures for 20 served a pureed pork restrain hair while preparing 17 residents.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CDM. The plates that had been dipped were pulled and heated to proper tem by the CDM. The lunch trays were pulled and heated to proper temperature and the remaining pureect food was heated to proper temp prior to serving by the CDM. On the day of the survey 2/17/16, Dietary Staff members without proper hair nets wen	p. !		
[	The findings included:	ſ		[ P	nstructed to leave the line, apply net per facility standards, wash hands and eturn to the serving line by the COM.			
1 3	ninutes). Cooking time	rated tear to portion vings from tray. Place n side up) in perforated n 165 degrees F (20-30		ic fo C: Re	i. With Respect to How the Facility will dentify Residents with the Potential or the Identified Concern and Take Orrective Action:			
p S u	product, place tray film tand for 3-5 minutes. pside down and push ach portion to release	side down and allow to Remove film, tum tray lightly on the bottom of		af al. po fo sh	fected by the deficient practice legation of failure to follow facility plicy regarding sanitary conditions of od. The perforated-packaged, pureed aped food is no longer in use. Pureed ods will be prepared by the dietary			
re sol tin 1 st in	eveeled approximately arved pureed premade the servation revealed the servation revealed the sermometer to 32 degree package of the pureed earn oven, set the package the thermometer to the package of the pureed the thermometer to the package of the package of the thermometer to the thermometer the the thermometer the the thermometer the the thermometer the the thermometer the the thermometer the the thermometer the the thermometer the thermometer the thermometer the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the thermometer than the	e CDM calibrated a less Fahrenheit (F), pulled by premade pork out of the likage on the table and ler, into the meat and let of degrees. Continued		sta an by ser Die "Sa ser 2/2 ade	aff. Pureed foods are to be pureed ad placed in a 4-6 in deep 1 /2 pans d placed directly on the steam table the Cook. An audit of sanitary food rvice was done by the Certified etary Manager (CDM), using a anitation Survey" audit of the food rvice areas within the facility on 17/16 and any concerns were dressed as appropriate by the CDM.  With Respect to What Systemic			

A monitoring form developed by the CDM Check List", has been put into place for the food temp specific for pureed foods and making sure the cooks have done them prior to, during servicing time if needed and at the end if there is enough food to measure temperature. The CDM will audit these

Ø022/030

	NT OF DEFICIENCIES OF CORRECTION	RE & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULT	TIPLE CONSTRUCTION	OMB N	M APPRO O. 0938-0	
			A. BUILDING			(X3) DATE SURVEY COMPLETED	
NIAS OF		445237	B. WING				
WAIVIE OF	PROVIDER OR SUPPLIES	-	<del></del>	STREET ADDRESS, CITY, STATE, Z	0:	<u>2/23/2016</u>	
CHURC	H HILL CARE & REH	AB CTR	1	701 WEST MAIN BLVD	h CODE		
	<del></del>			CHURCH HILL, TN 37842			
(X4) ID PREFIX	I CAUT DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	(d)	PROVIDER'S PLAN OF C	2000-0-1011	<del>-,</del>	
TAG	REGULATORY OR	SC DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE	COMPLEIN DATE	
F 371	Continued From pa	10e 20		tools daily and address any c	Officerns	<del> </del>	
	observation reveals	ed the CDM as Hoston	F 37	<ol> <li>immediately as indicated. On</li> </ol>	2/24/15.	1	
	Dackage of premar	ed the CDM pulled another le pureed pork out from the	J	Dietary staff, including Cooks	#1 and #2.		
	i vicani uven. Sei ma	3 DOCKOOD DA MA LACIA		and Cook-helpers, was re-edi	ucated by	i	
	t uizatten tie tietiik	Meter into the most and	]	the CDM on facility policies re	egarding	1	
	494    Oblained 8 12	U CCCCCC F reading		safe sanitary conditions, pure	ed food	1	
	i illerview with the C	DM at that time and the color		preparation, proper food tem	peratures	ł	
1	TEA ARMICE L'IGSOIL	TO Was "too tour" and nextern 1		as well as proper covering of	facial hair	1	
j	165 degrees require	ed by the manufacturer.		in all kitchen food preparation	and food		
j				serving areas and on the prop	er way to		
- 1	facility kitchen saves	7/16, at 11:35 AM, in the		calibrate a thermometer and l take temps and to document t	how to		
,	and serving food on	led Cook #1 was preparing		findings. The Administrator re	iheir		
ł	on her head, with he	the tray line, had a hair net r bangs and hair on her left		the CDM on facility policies rep	-educated		
l	side hanging out of t	he hair net.		safe sanitary conditions on 2/2 CDM/designee will conduct we	14/16 The		
	Observation on 2/17,	/17, at 4:55 PM in the facility		"Sanitation Survey" audits and			
, ,	THE PERCHASING	IK #2 Was porting food an		document any issues and place	•		
, ,	ure vey mie, nad a n	BILDES ON her head with her		requirements for correction in	to the		
1 5	oarina arin (UB Ubit O	D NOt coller benefine and ac-		TELS system for resolution by t	he		
, , ,	are non net, intervier	N With the CDM on 24 74 c	j	maintenance, housekeeping or	kitchen		
1 5	AL AIDS EIN. III ING KM	CRAD the CINA	1	staff. This audit will include			
	the received latted to Bl	Isure dietary staff had their	ĺ	observations of dietary employ	ees to		
	or the residents,	preparing and serving food	}	verify those working in the kitc	hen and		
] "	or the residents,			food service areas have a hair ron and that all hair is covered.	estraint		
	Observation on 2/17/	16 at 5:00 PM, with the CDM		i ou our mar an man is covered.	1		
I EP	i aib idullity kitchen f	EVERIED 10 trave ware		D. With Respect to How the P	lan of		
l h	charen ini tesidevii	With Dureed premade part. 1		Corrective Measures will be m	onitored:		
	CHURIUEU ODSERVERO	i revealed the distance of	İ		1		
1 14	au life pureed prema	300 DORK, in Unnerforcied	ł	The CDM or Dietitian will monit	or audits		
51	ream table pans, sitt	NO OD a counter too		regarding sanitary food service	monthly		
	onunuea observatio:	1 With the CDM revealed the	1	and report findings at monthly	QAPI.		
•	UW again callbrated	the thermometer to 32	}	Facility Administrator or design	ee will	ļ	
.   ac	egrees F. Continued	Observation revealed the	]	conduct random audits of sanits	ary food		
70	Divi pulied 1 packagi	ahement heartin off to S	j	service and report findings at m		- 1	
90	ork irom the steam to	ADIO NON, set it on the table.	]	QAPI meeting. The ADM review			
l of	sailed the thermome stained a reading of	eter into the meat and		results of the audit in conjunction		l	
"	version a regarith of	inz degrees.	]	the QAPI committee. Any aberra	ancy	ĺ	
	12-98) Previous Versions Obs		ſ	reported has interventions deve and appropriate actions taken b		- 1	

Ø023/030

	NT OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION MIMBER:	(X2) MULTIP	LE CONSTRUCTION OM	INTED: 03/24/2 FORM APPROVI IB NO. 0938-0:		
	i		A. BUILDING		X3) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING				
			s	TREET ADDRESS, CITY, STATE, ZIP CODE	02/23/2016		
CHURC	H HILL CARE & REHAI	B CTR	1 1	VI WEST MAIN BLVD			
(X4) JD	SUMMARY STAT	EMENT OF DEFICIENCIES	CHURCH HILL, TN 37642				
TAG	I ICACH DEFRIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRIPRIA' DEFICIENCY)	(23) COMPLETIC DATE		
F 371	hot enough", the 142	OM on 2/17/18 at 5:00 PM, in onlirmed the pork was" not degree F reading was "too degrees required by the	F 371	ADM/DSM in conjunction with the QAPI Committee. When current interventions are not producing the desired outcome or resolution to prior issues, the ADM/DON in conjunction with the QAPI committee will develop alternate interventions until compliance			
SS=F  Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	The facility must emp a licensed pharmacist of records of receipt a controlled drugs in surfaceurate reconciliation records are in order accounted drugs is materially and biologicals abeled in accordance professional principles appropriate accessory astructions, and the expelicable.  In accordance with Stancility must store all drucked compartments uportrols, and permit only are access to the key are facility must provide remanently affixed controlled drugs listed in attrolled drugs listed in antrolled drugs listed in antrolled drugs listed in antrolled drugs listed in antrolled drugs listed in antrolled drugs listed in antrolled drugs listed in antrolled drugs listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed in a listed i	ioy or obtain the services of twho establishes a system and disposition of all fficient detail to enable an and that an account of all intained and periodically used in the facility must be with currently accepted, and include the and cautionary opiration date when the and Federal laws, the ugs and biologicals in inder proper temperature by authorized personnel to a separately locked, in partments for storage of a Schedule II of the	F 431	A. With respect to the Specific Residents Cited:  The expired vials, ports, collection tubes, pre-filled syringes, tube feeding supplies and medications cited was discarded by the charge nurse and unit managers at the time of survey 2/19/16 from the medication room, and all medication carts. No resident was affected.  B. With Respect to How the Facility will identify Residents with the Potential for the Identified Concern and Take Corrective Action:  Residents receiving medications have the potential to be affected by the deficient practice allegation of failure to follow facility policy regarding medication storage and administration. Audits of all medication carts for expiration dates were performed by the	3/19/16		
ab	use, except when the ckage drug distributio	other drugs subject to facility uses single unit in systems in which the all and a missing dose can		DON/designee through 2/19/16. Any expired medications found were immediately discarded by the DON/designee.			

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)	NT OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION	OMB NO (X3) DA	M APPROV 3. 0938-00 TE SURVEY
		445237	B. WING		00	MPLETED
NAME OF	PROVIDER OR SUPPLIEF		D. WING		02	/23/2018
	H HILL CARE & REH		j	STREET ADDRESS, CITY, STATE, ZIP CODE 701 WEST MAIN BLVD	<del>\</del> -	
			I	CHURCH HILL, TN 37642		
(X4) ID PREFIX TAG	( EACH DEFIGIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFD TAG	PROVIDER'S PLAN OF CORRECT	h h=	COMPLETIE DATE
F 431	Continued From pa be readily detected		F 4:	C. With Respect to What Systemic Measures have been put in place to address the Stated Concern.		
	Based on review or and interview, the fit medication storage carts to ensure explaned and failed properly, and failed proper temperature. The findings include Review of the facility the Facility, dated At "Outdated, contammedications and the cracked, soiled, or wimmediately remove according to procedules Section IE: Dispinedication-related si	d: / policy, Medication Storage in / gust 2012 revealed, / inated, or deteriorated se in containers that are // ithout secure closures are d from stock, disposed of / res for medication disposal / posal of Medications and / poplies), and reorder from		By 03/16/16, facility nurses, including LPNs, including LPN#2, #3, and #4, and RNs, including RN#2, were educated by the NE/designee on the importance of checking the expiration dates on all medications, collection tubes, pre-filled syringes, tube feeding supplies, vials and ports at least twice prior to use. The education included discussions on the proper storage of medications, including those medications requiring refrigeration. Newly hired nurses receives education on the importance of checking the expiration dates on all medications, collection tubes, pre-filled syringes, tube feeding supplies, vials and ports at least twice prior to use through the orientation process and are reeducated at least annually by the Nurse Educator.  The DON/designee will inspect	d d B	
o d	eveated "Medication to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro	ens requiring storage 'in a erated unless otherwise		medication carts for expired products weekly for 12 weeks and will also review expired medication compliance audits each weekday using a "Quality Assurance Review Audit" form for 4 weeks, then weekly times one month. Pharmacy Consultant or designee will monitor monthly thru monthly med pass reviews and evaluate medication carts for outdated medications and report findings at monthly QAPI meeting. Issues will be immediately addressed and corrected as necessary.		•

Ø025/030

SIMIC INN'I	N) OF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/SULA	(X2) MIN TIP	LE CONSTRUCTION	<u>DMB NC</u>	MAPPRO\ 0.0938-0:
	- WAREOTTON	IDENTIFICATION NUMBER:	A BUILDING	re coles I KDC BOM	I(X3) DA	TE SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	445237	B. WING			
			s	TREET ADDRESS, CITY, STATE, ZIP CODE	02	/23/2016
CHURC	H HILL CARE & REHA	BCTR	j 70	01 West Main Blvd		
(X4) ID	SUMMARY STA	FEMENT OF DEFICIENCIES		HURCH HILL, TN 37642		
PREFIX TAG	( CAGO DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		(X6) COMPLETH DATE
F 431	Continued From pag	ne 23		D. With Respect to How the Plan of	<del></del> -	<del></del>
	collection tubes date	d 12/2015 (expired), 2 120	F 431	Corrective Measures will be monitored	r. :	Í
	ounce containers of	sterile water dated 2/2015		monitored will be monitored	" j	
	anu ju/zu jo (expirei	1), and 25 Henoric Eluch	i	DON or designee will review all audits	Ì	
	pre-filled syringes da	ted 9/2015 (expired).	[	and report findings at monthly OAP!	j	l
		· · · · · · · · · · · · · · · · · · ·		meeting for resolution. The ADM/DON	Ì	
ľ	the medication at	on 2/19/16 at 9:40 AM, in	{	reviews the results of the audit in	- 1	
ļ	items were expired a	De room, confirmed all the	1	conjunction with the QAPI committee of	· [	
	disposed of.	ilu suopio nave been	j	designated subcommittee. Any aberrancy reported has interventions	ĺ	
- 1			1	developed and appropriate actions	ĺ	
1 "	Observation with Lice	insed Practical Nurse (LPN)	ĺ	taken by the ADM/DON in conjunction		
	"" UN 47   D7   U BL 9:45	3 AM An the 200 kalk	1	with the QAPI Committee. When		
	revealed all opened r	101110 01 Barralamba Tr ( )	1	current interventions are not producing	i	
ſ	eye drops stored on the expiration date of 1/20	DB Medication cast with an	1	the desired outcome or resolution to	j	
- 1	experience date of 1/20	2/16.		prior issues, the ADM/DON in	- 1	
	Interview with LPN #3 the 200 hallway, confli expired and available	, on 2/19/16 at 9:45 AM, in rmed the medication was for resident use.		conjunction with the QAPI committee will develop alternate interventions until compliance is achieved.		
	Observation with LPN	#4, on 2/19/16 at 10:00	Ì			
	משוופת טטד פוחז זוט האיי	V. feVealed an opened	ľ		- 1	
1 4	nome of Alfamin R-8 ta	iblets stored on the	1			
1	nedication cart with a	expiration date of 9/15.				
lr.	nterview with I PN #4	on 2/19/16 at 10:05 AM,			- 1	
Įυ	n me nou najiway. Odi	Officed the medication	ļ		}	
W	as expired and availa	ble for resident use.				
0	bservation with I PN :	#2, on 2/19/16 at 10:15	}		- 1	
^	IVI, ON THE 4UU REHWEN	/. řevealed an openod	Ì		-	J
104	one or acidophilus wi	h pectin stored on the				Ì
) m	edication cart, with st	Oface recommendation to		-	ļ	
] re	angerate and with an	expiration date of 12/25/15	}			J
Jn	terview with LPN #2,	on 2/19/16 at 10:20 AM,			{	ľ
Or	i the 400 haliway, com	firmed the medication				1
sn	louid have been fefrio	etated, was expired and			- 1	- 1
VVC	as available for reside	ur naer	ſ		1	i

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JIMIEMET	AT The DEPUGENCIES	& MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA			PURN ON 8M	APPROV 0. 0938-03
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445237	B. WING			
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	02/	23/2016
CHURC	H HILL CARE & REHA	B CTR	, 7			
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	CHURCH HILL, TN 37642		
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	DE LATE	(X6) COMPLETIO DATE
F 431			F 431			
ļ	the facility failed to e medication storage in followed.	n the facility was being				
F 441	489.65 INFECTION ( SPREAD, LINENS	CONTROL, PREVENT	F 441	F441	1	3/19/16
(i) (i) (i) (i) (ii) (ii) (ii) (ii) (ii	infection Control Progsafe, sanitary and corto help prevent the deof disease and Infection Control P. The facility must estail Program under which 1) Investigates, control the facility;  2) Decides what prochould be applied to a 3) Maintains a record ctions related to infections related to infection etermines that a residence of the prochould be prochould be infection etermines that a residence of the prochould be infection etermines that a residence of the prochould be prochould be infection.	Program  plish an Infection Control  it -  pls, and prevents infections  edures, such as isolation,  n individual resident; and  of incidents and corrective  ctions.  of infection  Control Program  lent needs isolation to  nfection, the facility must  phibit employees with a		The facility will maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. All residents receiving in-house glucose monitoring were assessed by the DON/designee on 2/17/16 and no negative findings were identified. Glucometers were observed to be cleaned and disinfected between each resident use during the DON/designee assessment of all other residents on 2/17/16 for the clinical staff working. LPN #5 was re-educated regarding prevention of cross-contamination and infection control on the day of the survey 2/17/16 by the NE/designee. By 03/16/16, facility purses were re-educated by the NE/designee.		
fro dli (3	ommunicable disease om direct contact with rect contact will transi ) The facility must rec	or infected skin lesions		nurses were re-educated by the Nurse Educator/designee on general infection Control (IC) practices, including the proper cleansing of glucometers prior to use and proper hand washing prior to		
pro	and washing is indicate ofessional practice.	ed by accepted		blood glucose check. The NE/designee will observe Infection Control practices of staff weekdays, and Weekend Manager will observe on weekends and		

Ø027/030

DEPAR	RTMENT OF HEALTH	AND HUMAN SERVICES			PRINTED	): 03/24/201
CENTE	RS FOR MEDICARI	& MEDICAID SERVICES			FORN	1 APPROVE
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING	(X3) DA1	. 0938-039 TE SURVEY MPLETED
ļ		445237	D. WING			10010010
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	23/2018
CHURCI	H HILL CARE & REHA	B CTR		701 WEST MAIN BLVD CHURCH HILL, TN 37642		
(X4) ID	SUMMARYSTA	TEMENT OF DEFICIENCIES	i iD	<del></del>		<del></del>
PREFIX TAG	( EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	DOC	(X6) COMPLETION DATE
F 441	Continued From page (c) Linens	ge 25	F 44	document issues using a "Quality Assurance Review Audit" form for 12 weeks.	2	
	Personnel must han	dle, store, process and is to prevent the spread of		B. With Respect to How the Facility Identify Residents with the Potentia for the Identified Concern and Take Corrective Action:	<b>!</b>	
	by: Based on review of and interview, the far and interview, the far prevention of cross of 1 of 4 glucometers the level of glucose ithe level of glucose ithe facility Glucose Meter, dated Microdot blood glucobleaned and disinfect test"  Observation with Lice to during the medical Microdot blood glucobleaned and disinfect test"  Observation with Lice to during the medical Microdot blood glucobleaned and disinfect test"  Observation with Lice to during the glucometer to the replacement to the medical microdot blood glucometer to the medical plucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the medical microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood glucometer to the microdot blood g	contamination during the use (a device used to monitor in the blood) observed.  policy, Microdot Blood 2011, revealed "The se meter (glucometer) is ed between each resident  ensed Practical Nurse (LPN) illon pass, on 2/17/16 at 8:30 ay, revealed the nurse of the medication esident room, placed it on blood glucose level, items, and returned the dication cart drawer without		All residents have the potential to be affected by the deficient practice allegation of fallure to follow facility policy regarding infection Control (IC) practices including those receiving blood glucose monitoring. All facility blood glucose monitors were properly cleaned per facility policy on 2/17/16 nursing staff. An observation audit of facility infection Control practices was done through 03/16/16 by the DON at NE/designee. Any issues identified we corrected at the time of identification.  C. With Respect to What Systemic Measures have been put in place to address the Stated Concern.  By 03/16/16, facility nurses, including LPN#5, were re-educated by the Nurse Educator/designee on general infection Control (IC) practices, including the proper cleansing of glucometers prior to blood glucose check. The NE/designee will observe infection Control practices of staff weekdays, and Weekend Manager will observe on weekends and document issues using a "Quality Assurance Review Audit" form for 12 weeks. The DON or designee will review	by ad re	

Ø028/030

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 03/24/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING_ 445237 B, WING NAME OF PROVIDER OR SUPPLIER 02/23/2016 STREET ADDRESS, CITY, STATE, ZIP CODE CHURCH HILL CARE & REHAB CTR 701 WEST MAIN BLVD CHURCH HILL, TN 37642 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (Xb) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY F 441 all audits and report findings at monthly Continued From page 26 F 441 QAPI meeting. Issues will be Interview with the Assistant Director of Nursing on immediately addressed and corrected as 2/18/16 at 1:55 PM, in the conference room, песессату confirmed the facility failed to follow the policy for the cleaning of the glucometer. D. With Respect to How the Plan of F 502 483.75(j)(1) ADMINISTRATION Corrective Measures will be monitored: F 502 \$S=D The facility must provide or obtain laboratory DON or designee will review all audits services to meet the needs of its residents. The and report findings at monthly QAPI facility is responsible for the quality and limeliness meeting for resolution. The ADM/DON of the services. reviews the results of the audit in conjunction with the QAPI committee or designated subcommittee. Any This REQUIREMENT is not met as evidenced aberrancy reported has interventions by: developed and appropriate actions Based on medical record review and interview. taken by the ADM/DON in conjunction the facility falled to obtain labs as ordered by the with the QAPI Committee. When physician for 2 residents (#77, #39,) of 5 current interventions are not producing residents reviewed for unnecessary medications the desired outcome or resolution to of 35 sampled residents. prior issues, the ADM/DON in conjunction with the QAPI committee The findings included: will develop alternate interventions until compliance is achieved. Review of facility policy, Laboratory Procedures/Other Diagnostic Services, Revised 2010, revealed, "...all laboratory services are F502 provided upon the order of the resident's 3/19/16 attending physician or a consultant physician as A. With respect to the Specific authorized by the attending physician. The Residents Cited: attending physician will be notified of the findings of all laboratory tests..." Resident #77's labs were reordered by the physician and obtained 2/19/16; Medical record review revealed Resident #77 was results were obtained, MD notified by admitted to the facility on 7/7/14, with diagnoses the nurse, but gave no new orders. including Above the Knee Amputation, Peripheral Resident #39's labs were reordered and Vascular Disease, Bipolar Disorder, Anorexia, obtained 3/1/16, results were obtained, Type 2 Diabetes Mellitus with Neuropathy, and MD notified by the nurse and no new Alzhelmer's Dementia. orders were given. Both residents were assessed on 2/19/16 by the DON/designee for any adverse effects

FORM CMS-2587(02-90) Previous Versions Obsolele

Event 10: P82911

Facility ID: TN3701

If continuation sheet Page 27 of 29

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CENTERS FOR MEDICAR STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIED/CLIA	(X2) MILTIPLE CONSTRUCT				FORM APPROV OMB NO. 0938-0:	
		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		O143 LEGG HOM	(X3) DATE SURVEY COMPLETED		
		445237						
NAME OF PROVIDER OR SUPPLIER		STRE		ET ADDRESS, CITY, STATE, ZIP CODE	1 02	<u>//23/2016</u>		
CHURC	H HILL CARE & REHA	B CTR	- 1	701 V	VEST MAIN BLVD			
			1		RCH HILL, TN 37842			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST A		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID		PROVIDER'S PLAN DE CORRECT		<del></del>	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE PRIATE	COMPLETE DATE	
F 502	,		<b>!</b>		related to the alleged practice, and no	,	<del></del>	
			F 502	2}	adverse findings were noted.		i	
i	Medical record review of a Physician's telephone order dated 2/10/18, revealed "1), D/C			ı	B. With Respect to New the Facility		j	
ł	[discontinue] Nephrocaps-AKA [above knee				B. With Respect to How the Facility was identify Residents with the Potential	rill .		
- }	amputation) healed. 2). Repeat Albumin Level"			1	for the identified Concern and Take		]	
				]	Corrective Action:			
- 1	Medical record revie	w of Resident #77's		Į.			ł	
	laboratory results, re		]	Residents receiving diagnostic services				
1	obtained.	cian on 2/10/16 had not been			have the potential to be affected by th	e ¦		
1	objanieg.	ł		1	deficient practice allegation of failure t	o o		
 	Interview with the Me		Į	follow facility policy regarding physicia orders. An audit was performed by the	n			
	2/18/18, at 5:55 PM.	in the conference room		ĺ	Clinical IDT on 2/19/16 of MD orders	•		
	revealed the Albumin	level the Physician ardered			and lab results from the previous 60			
	vii 4/10/10. nad been	Mawn but the laborations		ŀ	days. Any issues identified were	j		
	technician lost the red not been completed.	Quisition form so the test had			corrected at the time of identification.	}		
	confirmed the Albumi	n level was not redrawn, and		1	C. With Respect to What Systemic	i		
	no systems were in p	lace to ensure Physician's			Measures have been put in place to	ł		
M A A M R		ests were completed.			address the Stated Concern.			
	Medical record review	revealed Resident #39 was			Lab vendor contacted prior to and on	Ī		
	tomiced to the facility	on 8/2/12, with diagnoses			the day of the survey 2/19/16 and has	- [		
	ncluding Chronic Kidr	ley Disease, Edema,			updated their current system to allow			
	)isease. Perinheral V	Dementia, Atheroscierotic ascular Disease, Chronic	- 1		for recurring labs to be scheduled.	İ		
	PSTUCTIVE Pulmonar	V Disease Mond Disardor	ì		Computerized Lab System was set up to	1		
	lajor Depression and	Anxiety.	ľ		alert the staff when labs were due for up to one year; however computer			
		J			glitch was not consistently pulling the	- 1		
	ledical record review	of the Medication Review	ļ		data. Medical Records Nurse re-entered	}	i	
	eport (physician reca	pitulation orders) dated			scheduled labs due for all residents for	Ì		
	rir ro revealed a phys Basic Motabolio Basa	ician's order for " BMP			one year after glitch corrected, and has	ł	İ	
	ionthe is due Novemb	i) and Magnesium, every 3	i		manual list as well which will be used to	1		
	ugust"	or, i bordary, iviay,	ł		check off labs as completed. Nursing		ļ	
	_	İ	}		staff will conduct lab order search daily	1	ļ	
	edical record review	revealed no laboratory	j	:	within the computer system to	1	j	
	ports for August 2015	5 and November 2015.			determine labs to be drawn and the clinical IDT will review in the weekday	ļ	Ì	
	tandaurrith 45 - 10 to		1	,	clinical meetings. The weekend nursing	-	ł	
Interview with the Medical Records				1	supervisor will conduct the lab order		1	
DMS-2567(0	2-90) Pravious Versiona Obsc	oleie Event ID: P82911	Facili	ıy ID; T	search on the weekend to ensure		e 26 of 29	

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DEPAR	RTMENT OF HEALT	HAND HUMAN SERVICES				PRINTE	D: 03/24/201
CENTERS FOR MEDICAR STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		E & MEDICAID SERVICES  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			FORM APPROVED OMB NO. 0938-039 (X9) DATE SURVEY COMPLETED	
		DETTI TO ATOM TO MEETC					
		445237	a. WING_			1	
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 02	/23/2016
CHURC	H HILL CARE & REHA	AB CTR	1		VEST MAIN BLVD		
10.43.1				CHU	RCH HILL, TN 37642		
(X4) ID PREFIX TAG	SUMMARY ST/ (EACH DEFICIENC REGULATORY OR L	PREFIX TAG		FROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	(XS) COMPLETION PATE		
F 502 Continued From page 28 Coordinator/Licensed Pro at 11:15 AM, in the confethe facility failed to obtain		ed Practical Nurse on 2/19/16 conference room, confirmed obtain the physician ordered 2015 and in November 2015	F 502	_	appropriate lab vendor requisition will occur and scheduled labs will be drawn as ordered on daily basis by the nursing supervisor. Follow up to ensure process completed will be done by the DON/designee by auditing list of labs to be drawn each day for follow up.  By 03/16/16, facility nurses were reeducated by the NE/designee on importance of following physician orders, including the requirement to review MD progress notes and lab orders after MD review and clarify and properly document lab orders per facility standards. Newly hired nurses will receive this education through the orientation process and at least annually. The DON/designee will review MD orders and medication compliance audits each weekday using a "Quality Assurance Review Audit" form for 4 weeks, then weekly times one month. Pharmacy Consultant or designee will monitor monthly and evaluate MD orders for compliance and report findings at monthly QAPI meeting. Issues will be immediately addressed and corrected as necessary.  D. With Respect to How the Plan of Corrective Measures will be monitored:  DON or designee will review all audits and report findings at monthly QAPI meeting for resolution. The ADM/DON reviews the results of the audit in conjunction with the QAPI committee or		
RM CMS-2567(	(02-99) Previous Versions Ob	solele Event ID; P8Z911	Facili	iy 10:	designated subcommittee. Any aberrancy reported has interventions developed and appropriate actions taken by the ADM/DON in conjunction		
				:	with the QAPI Committee. When current interventions are not producing the desired outcome or resolution to prior issues, the ADM/DON in conjunction with the QAPI committee will develop alternate interventions until compliance is achieved.	sneel Pa	ge 29 of 29